

May 1998

N^{Clinical Center} News

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New program expands training in clinical pharmacology

The Clinical Center has joined forces with the National Institute of General Medical Sciences (NIGMS) to reinstitute training in clinical pharmacology at the NIH.

Aimed at increasing the dwindling number of clinical pharmacologists in the nation, the

Clinical Pharmacology Research Associate Training (ClinPRAT) Program will emphasize the application of laboratory pharmacology, biostatistics, pharmacokinetics, and chemistry to the study of drug actions in humans. The new program is an outgrowth of

the clinical pharmacology option that was part of NIGMS's Pharmacology Research Associate Training until 1995.

"There is a shortage of clinical pharmacologists in academic medical centers, the pharmaceutical industry, and government agencies," said Dr. Arthur Atkinson, CC senior advisor in clinical pharmacology. "Many people are concerned that so few doctors receive exposure to this area during medical school training, and we hope that this program can develop a cadre of scientists with the capability to conduct both basic and applied clinical pharmacology research."

The training involves four components: research training, mentoring, didactic course work, and clinical rounding.

After entering the program, trainees will select a research preceptor, with whom they will work directly. Another crucial component of the program is mentoring. Mentoring has proven to play a large role in the development of successful physician scientists, and trainees will also be assigned a mentor who will play an advisory role throughout their training.

During the first year, trainees will enroll in both the core course in "Introduction to the Principles and Practice of Clinical Research" and a new course on "Principles of Clinical Pharmacology," designed to cover See **ClinPRAT**, page seven



Going up

The structural steel for the south entry is up, and work continues on attaching the corrugated metal deck for the floors and roof, as well as minor structural detailing. Continuing miscellaneous work includes building the concrete block wall for the east corridor, pouring a concrete foundation wall for the stairs, and installing drain pipes.

Measuring performance: A key to working better

by Dr. John I. Gallin
CC director

Consider the jetliner's control panel. It's designed to offer at a glance each critical indicator that the pilot needs to keep the jet on course.

The pilot's charge is to constantly evaluate each bit of information—from the approach of unexpected tail winds to a control-tower order to change course—and make the necessary adjustments to

reach the final destination.

Every action the pilot takes has the potential to compromise the integrity of the jet's physical structure, the safety of its passengers, and the flight crew's ability to get the job done on time and within the budget and time-frame available to do it.

In many ways, a manager's job is much like that of a pilot's. Think about it like this: Both the manager and the pilot have an ultimate destination. Getting there is the mission*. Plotting a course along a series of goals** provides the map.

In order to stay on course, the pilot depends on a constant flow of measurements, information about where the jet is, where it's going, how it's getting there, and why.

That's the same collection of measures that managers need to guide an organization. They are measures that an organization's individual employees need in order to match performance with requirements. And, they are the same measures that tell us if we're doing what our patients and institute partners expect.

We're now building a mechanism to better capture that information here at the Clinical Center. It's a performance measurement system, initially developed at the department heads' retreat earlier this year. The system will allow us to tailor a comprehensive, multi-level instrument panel to continuously measure and display the critical pieces of information the organization needs in order to stay on course.

It's a system that will allow us to define, collect, and monitor the tangible, measurable information we need to develop and refine goals.

This approach, rooted in the executive adage that "you can't manage what you can't measure," should help us all work better, smarter, and more responsively and efficiency.

answers

Comment:

The stairs need to be put on a more frequent cleaning schedule. The heavily used ones from the NIH Library/Masur Auditorium to the B-1 and second-floor cafeterias are particularly messy—and let's keep in mind those are the ones most used by visitors for meetings and conferences in Masur and Lipsett who are going to lunch.

Reply:

The Housekeeping and Fabric Care Department has assigned a special task force to clean and maintain the stairwells. The task force began on April 1. During the month of April and May, all stairwells will be thoroughly cleaned. The cleaning crews will then maintain the stairwells to keep them in order.

the fax, please

Fax your comments, questions, observations, and ideas about making the Clinical Center a better place to work, to: (301) 402-2984. We'll include feedback and responses in future issues. No names will be used.

***The mission:** The Clinical Center is the clinical research facility of NIH. As a national resource, it provides the protocol-specific patient care, services, training, and environment needed to initiate and support the clinical research sponsored by the individual NIH institutes.

**** Long-range goals:**
Excellence in clinical research; quality of patient care; and cost effectiveness and efficiency.

Editor: LaTonya Kittles

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Clinical Center
News



CC featured

The Clinical Center is again featured in *Washingtonian* magazine. The May issue story "What's Wrong With Jessica?" offers insight into the unique resources provided by and through the CC.

Conference set

The CC Nursing Department and the National Institute of Nursing Research will co-sponsor a conference, "From Discovery to Practice—What Does It Take to Bring About Changes in Health Care?" The conference will be held 9 a.m. to 4:30 p.m. on May 13 in Lister Hill Auditorium, building 38A.

Save with bonds

The 1998 Savings Bond campaign will begin on May 11. Interested in buying savings bonds? Contact your department's canvasser.

ICDs become ICs

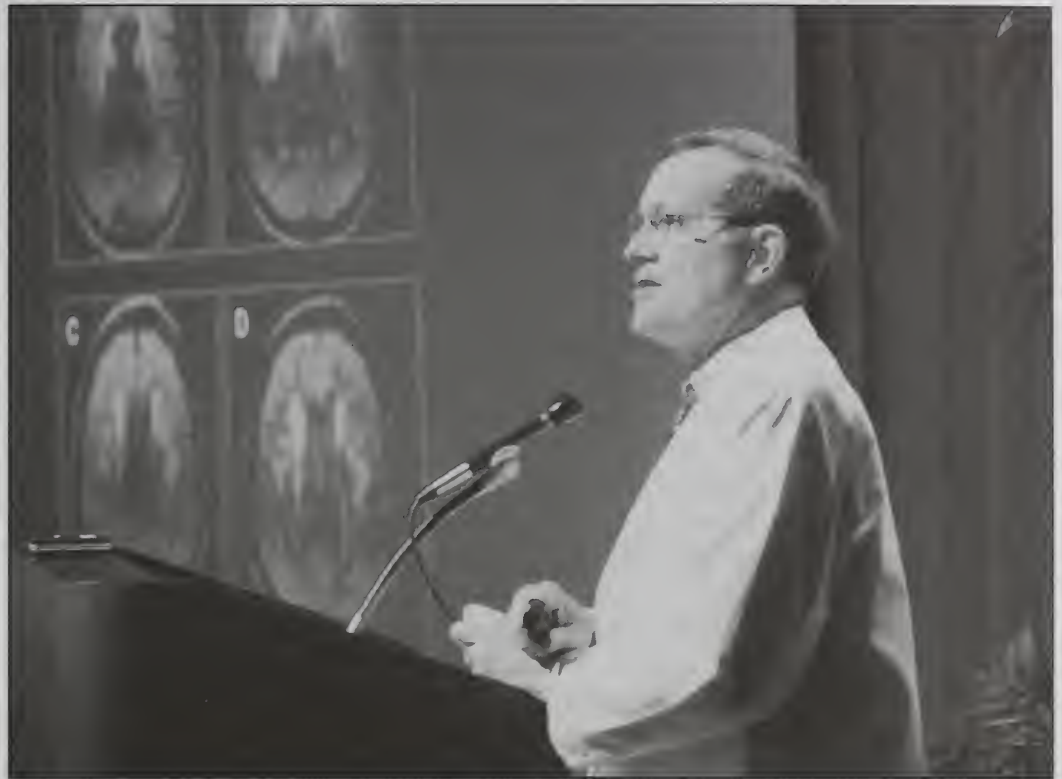
Forget ICD. It's now IC. Since the creation of the Center for Information Technology, no divisions report directly to the NIH director.

Take your child to work day slated

NIH will observe Take your Child to Work Day on May 28. Participants will meet at 9 a.m. in Masur Auditorium. For more information, and to register, visit their website (<http://TakeYourChildToWork.nih.gov>) or contact O.H. Laster at 6-6302.

Sleep study needs

The National Institute of Mental Health is looking for male and female volunteers. Volunteers must routinely sleep 9 or more hours and be between the ages of 20 and 30. To participate, volunteers for this sleep study must have no sleep disturbances and no history of mental illness.



National audience for rounds

Dr. R. Nick Bryan, CC associate director for radiologic and imaging sciences and director of diagnostic radiology, was among presenters for the CenterNet videoconference held last month. The series is a live, interactive broadcast to medical schools and hospitals across the country produced in cooperation with Healthcare Management Television's CenterNet and the Association of Academic Health Centers. Since January, the audience has also included more than 1,000 hospital subscribers to GE Medical Systems TiP Healthcare Satellite Network. The next broadcast will be at noon on May 13. See it live in Lipsett Amphitheater. The topics and speakers are listed on page eight.

Volunteers must be in good general health and not taking any medications, including birth control pills. For more information, call 6-6981.

Board to convene

The CC Board of Governors is scheduled to meet on Wednesday, May 27, at 9 a.m. in the Medical Board Room.

Breast cancer quilt display continues

The NCI patient-made breast cancer quilt will be on display in the lobby adjacent to the special events office on April 29-May 11. Also on display will be the Art for Recovery Breast Cancer Quilt Project.

Training offered

The CC education and training section will offer, "Career Enrichment Resources," on May 20, 9 a.m. to noon, in the first floor conference room at 6100 Executive Boulevard. Attendees will learn about programs that are available to enhance performance in their current duties and explore avenues for career advancement. To register, call 6-1618.

Fogarty correction

Weihsan Wang, Fogarty fellow in critical care medicine, won the Henry Christian award from the American Federation of Medical Research for the most meritorious abstract in immunology. Last month's issue incorrectly identified Dr. Bob Danner as the recipient.

Unexpected disruptions accompany some digital TV broadcasts, but the Clinical Center's prepared

Within the next six months, Washington D.C., is scheduled to join more than 10 other cities nationwide to begin digital television broadcasts, known to many as the next wave in technology.

But this innovation in broadcasting had some startling consequences for a hospital in Dallas last month. Heart monitors throughout the building suddenly went off-line, causing no harm to patients, but concern for staff who took hours to determine the cause. According to officials there, the disruption in critical monitoring equipment was traced to a local television station testing their digital broadcasting system.

As a result of the potential for similar problems, federal regulators have beefed up warnings about digital signals, placing health care facilities, broadcasters, and manufacturers on alert.

"The digital television issue is part of a larger issue for hospitals, that is, electromagnetic interference (EMI)," said Dr. Michele Evans, CC environmental safety officer. "During EMI, energy from one device can interfere with the operation of medical equipment, resulting in an interruption of its normal performance or damage to its internal components."

Several years ago, the Food and Drug Administration (FDA) advised cardiologists of the risks to certain pacemaker patients of using digital phones.

"We aren't alone in our concerns, but at the same time, wireless technology has so many advantages that there are ways to minimize the risks," said Evans.

According to the FDA, interference involving telephones occurs mainly if the phone is less

than six inches from the pacemaker and in only a small group of individuals.

"EMI poses a health hazard for the very small minority of pacemaker-dependent patients—that is, those who depend heavily on the pacemakers to maintain the heart's rhythm. It would be of less concern for the vast majority of pacemaker wearers, who are not pacemaker-dependent."

Rather than ban the use of all cellular phones, as some hospitals have done, the CC Safety Committee consulted with physicians in the NHLBI and Critical Care Medicine Department, and decided to focus on higher risk areas. The use of cellular phones was therefore restricted in the 10D, 2J, and 7E patient-care units.

But as Evans pointed out, cellular phones aren't the only source of wireless signals. "Two-way radios such as those used by the fire department, police, and maintenance, as well as pagers and wireless nurse call systems can also cause a problem," said Evans.

As the digital television signals are about to begin being transmitted nationwide, the Federal Communications Commission and the FDA are informing hospitals, many of which are trying to make sure that the technology can be introduced without harming the equipment that the patients depend on.

Closer to home, the CC is investigating options for upgrading communication systems for use by employees. A workgroup, including safety, biomedical engineering, and information systems, has been established by the CC to look more closely at these issues.

"Here at the Clinical Center we are being cautious," said Evans.



ARRS honors Doppman's service with the gold

Diagnostic Radiology Department's Dr. John Doppman was recently named one of three recipients of the 1998 Gold Medal award from the American Roentgen Ray Society (ARRS).

Doppman currently specializes in interventional radiology and also serves as a clinical professor of radiology at the George Washington University School of Medicine and a consultant to the National Naval Medical Center.

Doppman has authored more than 489 scientific articles, and last year was awarded a Gold Medal Award for exceptional service to the field of interventional radiology from the Society of Cardiovascular and Interventional Radiology.

The ARRS awards, bestowed to honorees for their distinguished service in radiology, were presented last month.

"We're implementing an approach to show that not only have we looked at the risks but we have assessed them to the point where we reach a good balance between safety and innovation."

If you suspect EMI, call the CC biomedical engineering department at 6-1311.

—by LaTonya Kittles

Former ISD head takes on new NIH challenge

Alan Graeff, who served as chief of the CC's Information Systems Department, has been named by NIH Director Dr. Harold Varmus as the first chief information officer (CIO) of NIH.

Graeff will work with the NIH community to develop a vision and set of goals for information technology (IT), establish an integrated IT architecture, implement investment planning for IT, and develop long-term strategies for making the best use of IT resources at NIH. In his new role, Graeff will head the newly formed Center for Information Technology (CIT), which combines the Division of Computer Research and Technology (DCRT), the Office of Information Resources Management (OIRM), and the Telecommunications Branch (TCB).

By creating the center and appointing a CIO, Varmus implemented two major recommendations of the NIH information technology central committee on the management of NIH's computing, networking and telecommunications resources. The committee recommended appointment of a chief information officer to head a center that would address all existing NIH information technology and related functions and clearly define responsibilities for central leadership and service across all NIH. Varmus will be appointing a board of governors that will work with Graeff to define the CIT mission.

"The CIO appointment and the formation of the Center for Information Technology will facilitate

the development of effective strategies, policies and standards for information technology, a resource that is critical to the efficient conduct of NIH research and administration," Varmus said.

Graeff has a wide range of experience developing successful IT projects that have a major impact on how biomedical research is conducted at NIH. "This experience gives Al a clear understanding of the needs of both scientists and administrators for information technology. He brings a record of outstanding leadership and management of information systems to his new role as CIO," added Varmus.

Since 1995, Graeff served as chief of the Clinical Center's information systems department, where he oversaw a major IT reorganization.

In his prior position as chief of NIAID's technical systems section, Graeff was responsible for building the institute's first wide area network comprising 12 locations across the country and serving 1,400 computer users. He also designed and implemented an NIAID acquisition workflow system that streamlined the institute's acquisition and planning processes.

In earlier positions, Graeff worked as a biologist for NCI's Metabolism Branch and NIAID's Laboratory of Cellular Immunology. He holds a B.S. in distributed sciences from American University.

"I look forward to the tremendous challenges and possibilities that I know exist for IT at NIH. As we begin the process of merging TCB, OIRM and DCRT into a single organization, I plan to create a center of excellence built upon a positive and constructive partnership with the NIH community, one that provides a high level of customer satisfaction," said Graeff.

The CC information systems department is now headed by Dr. Stephen Rosenfeld, who is acting chief.

—by Joan Chamberlain



At the circus

More than 10,000 folks attended the R&W's premiere for the Ringling Bros. and Barnum & Bailey Circus at the MCI Center, an event that netted \$10,000 for NIH charities. About a thousand patients from the CC and other local hospitals were guests. Joining the fun were Walter Jones, CC deputy director for management and operations, with his children, Adam and Amanda.

CC renews efforts to make recycling easy

Did you know that recycling is more about reducing and reusing than it is collecting?

When you reduce your consumption of goods, you reduce the need to recycle or to dispose of solid waste. Similarly, when you reuse a product, you postpone the need.

How do you reduce waste? Try sending electronic transmissions or photocopying on both sides of the paper.

How do you reuse? Use travel mugs instead of styrofoam cups, or reuse three-ring binders, paper clips, and alligator clips instead of using new ones.

Look around your workspace and discover many opportunities to reduce and reuse. Your initiative and creativity are key in reducing consumption and reusing products.

The CC, along with other institutes, has initiated a recycling program designed to save resources, reduce pollution, and promote environmental ethics. The NIH Environmental Protection Branch



(EPB) can help teach you how it's done.

This month, the CC will make recycling bins available for staff, to make it easier for everyone to join in the effort. Thanks to the collaborative efforts between the EPB and the CC Housekeeping and Fabric Care Department staff, led by Henry Primas, the recycling program is in full swing.

Throughout the building, metal recycling containers are now located

in the corridors. These fire-safe containers will house white office paper, aluminum cans, mixed paper (newspapers, magazines, journals, mixed-color paper), and commingled materials (metal, glass, plastic). Where appropriate, containers for pipette tip racks and styrofoam peanuts will be provided. Staff can also further recycling efforts by rinsing out beverage containers before depositing them in the bins.

Inside CC offices, cardboard desk-top containers will be available to collect white office paper. Staff will be asked to empty these boxes into large containers, which also will be placed in all departments.

Outside the CC, three large recycling containers will be situated near busy pathways to gather the recyclables of people entering or leaving the Clinical Center.

The recycling effort also targets cardboard. Staff are asked to remove packing materials and flatten the boxes so that the housekeeping staff can load the boxes onto carts and move them to the loading dock for compacting.

The recycling goals of NIH have come a long way since 1989, when institutes recycled only white office paper and aluminum cans. But now, to meet the challenge of Montgomery County's mandate for all county businesses to reduce their waste by 50% by the year 2000, the NIH voluntary recycling program will depend on the support and assistance of all employees.

Thoughts and comments on the program are welcome, program organizers note. Contact them with suggestions for a container location or to volunteer as an area recycling coordinator.

The NIH Environmental Protection Branch is responsible for recycling and waste collection. For more information, call Dave Crook at 6-7990 or visit the recycling web site at <http://www.nih.gov/ors/recycle>.

—by Kelly Simons

Simons assists NIH with recycling efforts.



Watch for this tidy collection of recycling containers. They'll help make the job of reducing waste and reusing resources easier.

... program increases opportunities for clinical training at NIH

(Continued from page one)

topics such as pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations, and drug development.

During clinical rounds, trainees will shadow clinical pharmacist specialists who are assigned to patient-care units in the Clinical Center.

The CC's Dr. Atkinson headed the development of the program. He previously worked with Northwestern University for 24 years, where he served as director of the clinical pharmacology program, and has more recently been at the Upjohn Company, where he was in charge of the clinical development of drugs.

"I am aware firsthand of the need in academia for people with this kind of training," said Atkinson. "And the CC is the perfect place because it combines laboratory research and clinical investigation in a unique setting that is a wonderful environment for someone who wants to be a physician scientist."

An NIH steering committee will guide the development of the program. Members include: Dr. Atkinson, chair; Dr. Alison Cole and Dr. Rochelle Long, NIGMS; Dr. Carmen Allegra, NCI; Dr. Charles Daniels, CC; Dr. Robert Dedrick, ORS; Dr. H. Clifford Lane, NIAID; Dr. Arthur Levine, NICHD; Dr. Sanford Markey, NIMH; and Dr. Allen Spiegel, NIDDK.

The new course in Principles of Clinical Pharmacology is set to begin in September 1998. The ClinPRAT program will premiere in July 1999.

For more information, visit their website:

<<http://www.cc.nih.gov/OD/clinpratt>>.



Volunteers honored

CC volunteers were recognized during the Fifteenth Annual Volunteer Service Awards Ceremony on April 21 in Lipsett Amphitheater.

Above: Among those honored included (from left) Eugene Streicher, Tom Locroft, and (at right) Bonny Chao. Many friends and colleagues of the honorees attended, including Frank Lucas (third from left).

Right: During the ceremony, Andrea Rander (left), director of volunteer services, and Nelva Reckert, CC volunteer performed their rendition of "Side by Side," to highlight the importance of volunteering and helping others.

Mobile mammography screenings offered for NIH employees, families

Mobile mammography screening at NIH will run through July 1. It's open for all NIH employees (including contractors, visiting scientists, and volunteers) and their families.

The van will be near building 31 on May 14 and 22; near building 45 on May 19 and 20 and July 1; at Rockledge on June 2; at EPN on May 21, and near the CC on May 28 and 29.

The van will be at each site 9:30 a.m. to 4 p.m.

The mobile screening program will be conducted by the George

Washington University (GWU) Breast Care Center. The screenings will be performed by female technologists. A board-certified radiologist specializing in mammography will interpret the films. The results will be reported to you and your doctor.

The cost is \$138. GWU will bill some insurance companies directly.

To schedule, call the Breast Cancer Center at 202-994-9999. For more information about breast cancer and mammography, call 1-800-4-CANCER.

Refinements continue

The patient-care unit mock-ups on the 14th floor continue to take form. Input from various user groups was obtained last month during development conferences. Designers will continue to consider suggestions and use the input to finalize the mock-ups.



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Ethics Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

Informed Consent with Cognitively Impaired Research Subjects, Robert Wittes, M.D., NCI; Ruth Dukoff, M.D., NIMH; Paul Applebaum, M.D., University of Massachusetts Medical School

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Axon Guidance in the Drosophila Visual System, Stephen Zipursky, Ph.D., UCLA

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Special Thursday Lecture
1:30 p.m.
Masur Auditorium

Discovery of Antibiotic Systems in Animals, Michael Zasloff, M.D., President, The Magainin Research Institute, Pennsylvania

The Eleventh Paul Ehrlich Lecture

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Grand Rounds
noon-1:30 p.m.
Lipsett Amphitheater

Treating Preclinical Atherosclerosis: Conquering the Silent Enemy, Jeffrey Hoeg, M.D., NHLBI

Molecular Roots: The African Origin—Genetic and Historical—of a Muscle Disease in African-Americans, Paul Plotz, M.D., NIAMS; and John Vlach, Ph.D., George Washington University, Washington, D.C.

These rounds are part of the CenterNet broadcasts to medical schools and hospitals across the country.

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

The Neurochemistry of Altered Pain States, Allan Basbaum, Ph.D., UCSF

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Clinical Pathologic Conference
noon-1 p.m.
Masur Auditorium

Multiorgan Failure Following Bone Marrow Transplantation, Henry Masur, M.D., CC

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Cellular Basis of Mental Phenomena, Patricia Goldman-Rakic, Ph.D., Yale University School of Medicine

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Clinical Staff Conference
noon-1 p.m.
Lipsett Amphitheater

Varicella-Zoster Virus Infection: Pathogenesis, Disease, Treatment, and Prevention, Jeffrey Cohen, M.D., NIAID

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Integrins, Mechanical Forces, and Control of Gene Expression, Donald Ingber, M.D., Ph.D., Children's Hospital, Boston